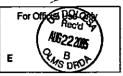
US Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution. fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From. 1 1 2004 Through 12 3 Name and address of person filing 4 Name file number and address of labor organization Name Daniel L Sobotta Labor Organization File Number 035-847		
3 Name and address of person filing 4 Name file number and address of labor organization Name Daniel L Sobotta Name IUOE Local 139		
Name Daniel L Sobotta Name IUOE Local 139	ition	
Labor Organization File Number 035-847		
,		
PO Box Bldg Room No If any PO Box Building and Room Number If any PO	D Box 130	
Street N38436 Fremstad Road Street N27 W23233 Roundy Drive		
City Whitehall City Pewaukee		
State Wisconsin ZIP Code + 4 54773 State Wisconsin ZIP	P Code + 4 54451	
5 Position in labor organization Business Representative		
(except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 6 Name and address of Employer (including trade name if any) 7 a Nature of Interest Transaction or Income		
Name		
Trade Name if any		
PO Box Bidg Room No if any 7.b Amount		
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete. (See the section on penalties in the instructions.)		
Signed On 07/07/2005 715-983-5666		
	ohone Number	

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Name of Person Fung Daniel Sobotta	Fall Number C	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employee your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Baum Sigman Auerbach and Neuman Ltd		
Trade Name if any	a Labor Organization b Trust	
PO Box Bldg Room No if any	☐ c Employer	
Street 200 W Adams Stret Suite 2200		
City Chicago		
State Illinois ZIP Code + 4 60606		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Legal Counsel to the Local	
Trade Name if any		
PO Box Bldg Room No if any		
Street	11 b Approximate dollar value of such dealing	
City	12 a Nature of interest held or income received	
State ZIP Code + 4	10/15/04 Meal 14 97	
	12 b Amount \$15	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name		
Trade Name if any		
PO Box Bldg Room No If any		
Street		
City		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant?	14 b Amount of payment	